	PAIGN CONTRIBUTIONS AND E			State	of Nevada	
No	ational Republican Office (if	Legista	ctors As	sociation	· · · · · · · · · · · · · · · · · · ·	
Name (pri	648 Crosswoods Dr. Falls	applicable) Church	VA 2204	4 703	strict (if applicable) .333.5162	
Mailing Ad	Idress (include city and zip code) Vesser enclarne			Telephone No.		
E-Mail Ad	dress					
Calcot Sa	propriate Box(es) CANDIDATE PAC BAC	S □POLPRT	Y INDEXP A	MENDED MAN	NUAL FILING	
Select Ap	biobusing poyles) Couldnown Mix vo Care					
汝	Annual Filing - Due January 15, 20 Period: January 1, 2003 - December 31, 2003					
	Period. January 1, 2005 - December 51, 2005			-11 T	• / /	
Report #1 — Due August 31, 2004				FILT	- 19-1	
Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 — Aug 26, 2004						
Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 — Aug 26, 2004 Alti others Period: Jan. 1, 2004 – Aug. 26, 2004				JAN 13	13/3/SF 1	
Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 – Aug 26, 2004						
Report #2 Due October 26, 2004				DEAN HELLER SECRETABRIOGRICE TABLE ONLY		
Period: Aug. 27, 2004 — Oct. 21, 2004						
	Report #3 Due — January 15, 2005* Period: Oct. 22, 2004 — Dec. 31, 2004 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004				ANPAC592	
BAGs on					MC JI	
		·				
	Annual Filing - Due January 15, 2005 Period: January 1, 2004 - December 31, 20	04				
* Third	Report suffices for 2005 Annual Filing if car	ndidate also fi	led Report Nos. 1	and 2		
					Cumulative	
CONTRIBUTIONS SUMMARY					From Beginning of Report Period	
				This Period	#1 through End of This	
					Reporting	
Total Monetary Contributions Received in Excess of \$100 Total Monetary Contributions Received of \$100 or Less				\bigcirc	Period	
					0	
					0	
		This Period	Cumulative From			
			Beginning of Report Period #1			
			Through End of This Reporting			
			Period		1	
3	. Total Amount of Monetary Contributions Received			\cap		
	(Add Lines 1 and 2)					
4	. Total Value of In Kind Contributions Received in	O	$\mid \circ \mid$			
	Excess of \$100		<u>-l</u>			
	EX	PENSES SU	MMARY			
	5. Total Monetary Expenses Paid in Excess of \$100)		500	500	
	Total Monetary Expenses Paid of \$100 or Less			0	0	
7	7. Total Amount of All Monetary Expenses Paid			500	500	
	(Add Lines 5 and 6) 3. Total Value of In Kind Expenses in Excess	_	10	200	100	
,	of \$100		0			
		AFFIRMAT	TION			
l Decla	are Under Penalty of Perjury That the Foregoing) is True and C	orrect.			
	1)			j	1.0	
	I Jan W. Cess			1/13	104	
Signatu	re			Date	$\overline{}$	
EL201.d	oc Revised: J	an-04	PA	GEOF		